

DEPARTMENT OF BENEFIT PAYMENTS



March 15, 1974

ALL-COUNTY LETTER NO. 74-47

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FORMS

REFERENCE:

You have now received an automatic shipment of the following forms:

AG 225 (2/74) Instructions - Responsible Relatives

AG 246 (2/74) Notice of County Finding of Liability,
Responsible RelativeSSP 1 (1/74) Computation of SSP Payment for Adult
Aid Recipients

There will be no further automatic distributions of these forms. When needed, you may either reproduce them locally, or submit your request through the Adult Program Management Branch.

Form SSP 1 is a mandatory form requiring approval of any changes or alterations to the format or content. This approval is to be obtained from the Adult Program Management Branch, at (916) 445-0813.

Sincerely,

Robert J. Hollins

for DENNIS O. FLATT
Deputy Director
Welfare Program Operations

cc: CWDA

OBSOLETE

Superseded by

PCL 77-15

Issued

3-17-77

GEN 654 (2/74)